



INDIANA BOARD OF PHARMACY INSPECTION REPORT

State Form 35890 (R6 / 2-06)

Name of pharmacy

Address (number and street, city, state, and ZIP code)

Today's date and time	County		Telephone number ()		DEA number	
CSR number	Pharmacy permit number	Type	Total weekly hours		General appearance	Open for business
Name of pharmacist in charge	Pharmacist in charge matches permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	License number	Present	Absent	Weekly hours	License current?

For items below, C = compliant; N = non-compliant.

For names of other pharmacists employed, see attached sheet.

INSPECTION CHECKLIST

C	N	NA	
			TECHNICIANS
			Are pharmacy technicians properly employed according to law? How many? _____ License displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Are pharmacy technicians operating within the scope of the law / regulations / name tags?
			PHARMACY AREAS
			Is the pharmacy equipped as required by law?
			Are current reference sources and law readily available?
			Are all pharmaceuticals in date and stored with expiration and lot number as required?
			Approved security system in place? <input type="checkbox"/> Video <input type="checkbox"/> Alarm system <input type="checkbox"/> Other _____
			Pharmacy complies with temperature requirements (59° - 89° F).
			Is any type of mechanical device utilized for dispensing medications?
			Proper packing systems are utilized; medications are properly stored and labeled.
			Satellite pharmacies are being utilized.
			797 regulations being followed?
			Date of last hood certification (month, day, year): _____
			PATIENT RECORDS
			Prescription files are properly kept?
			Compliance with dispensing of special medications (e.g. Clozaril, Thalomid, Accutane, etc.)?
			GENERAL SUBSTITUTION
			Proper prescription format used (i.e. generic law)?
			Are generic substitutions properly documented?
			CONTROLLED SUBSTANCE
			Date of last biennial inventory (month, day, year)? DEA _____ Stored type _____ Locked up _____ Dispersed _____
			Are federal DEA forms properly kept?
			Schedule V and syringe register kept and controlled by pharmacist?
			Compliant with INSPECT program.
			Procedure for destruction of controlled substances?
			GENERAL
			Patient counseling being offered?
			Are all certificates properly displayed, current or correct?
			How do you handle return or expired medications?
			Pharmacy documents (e.g. orders, invoices) reviewed?
			Any deficiencies found? If yes, what? _____
			Are computer records, including on line retrieval of prescription status, properly kept?
			Printout of prescription order and refill data first each day's dispensing on request?
			Are prescription transfers properly performed?
			HIPAA compliance.
			Have all thefts and shortages been reported to the Board of Pharmacy?
			Has an effort been made to comply with previous inspection requests?

Note irregularities in number or type of prescriptions on file and other comments:

Pursuant to 856 IAC 1-6.1, I, _____, hereby acknowledge and understand all notations made on this report and confirm that I will notify the Indiana Board of Pharmacy within 30 days, in writing, of the correction of all deficiencies (if any noted).

Signature of owner, pharmacist or employee

Signature of inspector